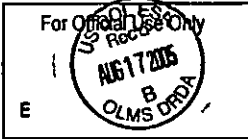


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>9485</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>04</b> Through <b>12</b> / <b>31</b> / <b>04</b>
3 Name and address of person filing Name <b>William M Guth</b> P O Box Bldg Room No if any Street <b>1023 Kepler Ave</b> City <b>Marengo</b> State <b>Illinois</b> ZIP Code + 4 <b>60154</b>	4 Name file number and address of labor organization Name <b>Teamsters Local 786</b> Labor Organization File Number <b>004973</b> P O Box Building and Room Number if any <b>Suite 501</b> Street <b>300 South Ashland Avenue</b> City <b>Chicago</b> State <b>Illinois</b> ZIP Code + 4 <b>60607</b>
5 Position in labor organization <b>Business Agent/Trustee</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <b>William M Guth</b>	Date <b>15 AUG 05</b> Telephone Number <b>773 491 2354</b>

Name of Person Filing	File Number U
-----------------------	---------------

**B Held an interest in or derived income or economic benefit with monetary value from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>9 Business deals with</b></p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name <input style="width: 80%;" type="text" value="786 Saverence Trust Fund"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="300 South Ashland Avenue"/></p> <p>City <input style="width: 80%;" type="text" value="Chicago"/></p> <p>State <input style="width: 20%;" type="text" value="Illinois"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="60107"/></p>	<p><b>11 a Nature of such dealing</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>Attend Conference to Update Training</p> </div> <p><b>11 b Approximate dollar value of such dealing</b> <input style="width: 50%;" type="text" value="2949.27"/></p> <p><b>12 a Nature of interest held or income received</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Fiduciary Response to IRS AS Trustee of funds</p> <p>Dates (6-12-04) - (6-17-04)</p> </div> <p><b>12 b Amount</b> <input style="width: 50%;" type="text" value="2949.27"/></p>

<p><b>C Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b></p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>14 a Nature of payment</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13 b Is the Business an Employer</b> <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p><b>14 b Amount of payment</b> <input style="width: 80%;" type="text"/></p>

\*\* In accordance with the DOL & the IRS, please attach receipts, regardless of the amount, for all expenses seeking reimbursement. Please refer to the "Trustee Expense Reimbursement Guidelines" Section 2 (b).

NUMBER OF DAYS SPENT ON THIS TRUST FUND ACTIVITY INCLUDING TRAVEL DAYS. 6

DATE 6/12/04

BREAKFAST & TIP \$  
LUNCH & TIP \$ 10.48  
DINNER & TIP \$ 28.45  
BEVERAGES & TIP \$  
BELLMEN \$ 10.00  
TAXIS OR LIMOS \$  
OTHER \$

TOTAL THIS DATE \$ 48.93

DATE 6/13/04

BREAKFAST & TIP \$ 1.87  
LUNCH & TIP \$ 19.69  
DINNER & TIP \$ 24.20  
BEVERAGES & TIP \$  
BELLMEN \$ 3.00  
TAXIS OR LIMOS \$  
OTHER \$

TOTAL THIS DATE \$ 50.76

DATE 6/14/04

BREAKFAST & TIP \$  
LUNCH & TIP \$  
DINNER & TIP \$ 30.57  
BEVERAGES & TIP \$  
BELLMEN \$ 5.00  
TAXIS OR LIMOS \$  
OTHER \$

TOTAL THIS DATE \$ 35.57

DATE 6/15/04

BREAKFAST & TIP \$  
LUNCH & TIP \$ 14.73  
DINNER & TIP \$ 39.14  
BEVERAGES & TIP \$  
BELLMEN \$ 5.00  
TAXIS OR LIMOS \$  
OTHER \$

TOTAL THIS DATE \$ 58.87

DATE 6/16/04

BREAKFAST & TIP \$  
LUNCH & TIP \$ 12.83  
DINNER & TIP \$ 29.58  
BEVERAGES & TIP \$  
BELLMEN \$ 5.00  
TAXIS OR LIMOS \$  
OTHER \$

TOTAL THIS DATE \$ 47.40

DATE 6/17/04

BREAKFAST & TIP \$ 13.79  
LUNCH & TIP \$  
DINNER & TIP \$  
BEVERAGES & TIP \$  
BELLMEN \$ 15.00  
TAXIS OR LIMOS \$ 9.00  
OTHER \$ 29.00

TOTAL THIS DATE \$ 57.79

DATE

DATE

DATE

BREAKFAST & TIP \$  
LUNCH & TIP \$  
DINNER & TIP \$  
BEVERAGES & TIP \$  
BELLMEN \$  
TAXIS OR LIMOS \$  
OTHER \$

TOTAL THIS DATE \$

BREAKFAST & TIP \$  
LUNCH & TIP \$  
DINNER & TIP \$  
BEVERAGES & TIP \$  
BELLMEN \$  
TAXIS OR LIMOS \$  
OTHER \$

TOTAL THIS DATE \$

BREAKFAST & TIP \$  
LUNCH & TIP \$  
DINNER & TIP \$  
BEVERAGES & TIP \$  
BELLMEN \$  
TAXIS OR LIMOS \$  
OTHER \$

TOTAL THIS DATE \$

Billy Guth  
2004 LM 30 Information

Local 786 Severance Fund  
300 S Ashland Ave Suite 500  
Chicago, IL 60607

<u>Date</u>	<u>Payee</u>	<u>Nature</u>	<u>Amount</u>
02/29/04	IFEBP	6/04 Trustee Institute conf - Lake Tahoe - registration	1,195 00
03/31/04	IFEBP	6/04 Trustee Institute conf - Lake Tahoe - registration	10 00
03/31/04	Billy Guth	6/04 Trustee Institute conf - Lake Tahoe - registration	344 20
06/10/04	Billy Guth	Cash advance - 06/04 Trustee Inst conf - Lk Tahoe	1,500 00
08/01/04	Return to fund	Reimbursement excess of advance less expenses Lk Tahoe	(599 93)
			<u>2,449 27</u>